

FILED MAR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8048

State File No. _____

024

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1720 Erie St.</u>		d. STREET ADDRESS (If rural, give location) <u>1720 Erie St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>Claudia</u> c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 9, 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 20, 1884</u>
9. AGE (In years last birthday) <u>65</u>		10. MONTHS <u>2</u>	11. DAYS <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alonso Bishop</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Alice Foland</u>	
14. NAME OF HUSBAND OR WIFE <u>John Edgar Davis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u> (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>-</u>		ADDRESS <u>-</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broncho pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid Arthritis</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>3-8</u> , 19 <u>50</u> , to <u>3-9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-9</u> , 19 <u>50</u> , and that death occurred at <u>10 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Samuel T. Mullins</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1902 Swift St. M.K.C.</u>	
23c. DATE SIGNED <u>3-9-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12 March 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sloan's Point Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 12-1950</u>		REGISTRAR'S SIGNATURE <u>Beulah Fitchner</u>	
FURNERAL DIRECTOR'S SIGNATURE <u>Morton Funeral Home</u>		ADDRESS <u>A.K.C., Mo.</u>	

RECEIVED MAR 18
District Health Officer No. 8,
District File Number.....
Date Filed 3-24-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Harold L. Rosson

Licensed Embalmer No. 3605

P. O. Address Rockville, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.